

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE

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NAME OF FILER (LAST) (FIRST) (MIDDLE)

Talamantes, Jess A.

1. Office, Agency, or Court

Agency Name

CITY OF BURBANK

Division, Board, Department, District, if applicable

Your Position

City Council Office

Council Member

► If filing for multiple positions, list below or on an attachment.

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County \_\_\_\_\_

☐ County of \_\_\_\_\_

☒ City of Burbank

☐ Other \_\_\_\_\_

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2012, through December 31, 2012

☐ Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2012.

☐ The period covered is January 1, 2012, through the date of leaving office.

☐ Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

☐ Candidate: Election Year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 4

☐ Schedule A-1 - Investments - schedule attached

☒ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

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I have used all reasonable diligence in preparing this statement and the schedules herein and in any attached schedules is true and complete. I acknowledge

I certify under penalty of perjury under the laws of the State of California

Date Signed 03/28/2013  
(month, day, year)

**SCHEDULE C**  
**Income, Loans, & Business**  
**Positions**  
(Other than Gifts and Travel Payments)

|   |
|---|
| <b>CALIFORNIA FORM 700</b><br>FAIR POLITICAL PRACTICES COMMISSION |
| Name<br><u>Talamantes, Jess A.</u>                                |

▶ **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

Buddy's Allstars Inc.

ADDRESS (Business Address Acceptable)

3216 Valhalla Dr.  
Burbank CA 91505

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

Safety Consultant

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000      ☒ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000      ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☒ Salary      ☐ Spouse's or registered domestic partner's income

☐ Loan repayment      ☐ Partnership

☐ Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)

☐ Commission or      ☐ Rental Income, list each source of \$10,000 or more

☐ Other \_\_\_\_\_  
(Describe)

▶ **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

St. Joseph Medical Center

ADDRESS (Business Address Acceptable)

501 S. Buena Vista St.  
Burbank CA 91505

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

husband

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000      ☒ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary      ☒ Spouse's or registered domestic partner's income

☐ Loan repayment      ☐ Partnership

☐ Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)

☐ Commission or      ☐ Rental Income, list each source of \$10,000 or more

☐ Other \_\_\_\_\_  
(Describe)

▶ **2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

\* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER\*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000  
☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000  
☐ OVER \$100,000

INTEREST RATE

\_\_\_\_\_%      ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

☐ None      ☐ Personal residence

☐ Real Property \_\_\_\_\_  
Street address

City

☐ Guarantor \_\_\_\_\_

☐ Other \_\_\_\_\_  
(Describe)

Comments: \_\_\_\_\_

# SCHEDULE D Income – Gifts

|   |
|---|
| <b>CALIFORNIA FORM 700</b><br>FAIR POLITICAL PRACTICES COMMISSION<br>Name<br><u>Talamantes, Jess A.</u> |
|---|

► NAME OF SOURCE (Not an Acronym)  
Daging Dairy Products  
 ADDRESS (Business Address Acceptable)  
35th Floor Bank of China Tower, 1 Garden  
Beijing, China na 10074-0  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Production, marketing & sale of milk pro

| DATE (mm/dd/yy) | VALUE            | DESCRIPTION OF GIFT(S) |
|-----------------|------------------|------------------------|
| <u>06/21/12</u> | <u>\$ 200.00</u> | <u>Dinner</u>          |
| <u>  /  /  </u> | <u>\$</u>        | <u>  </u>              |
| <u>  /  /  </u> | <u>\$</u>        | <u>  </u>              |

► NAME OF SOURCE (Not an Acronym)  
 ADDRESS (Business Address Acceptable)  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE     | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| <u>  /  /  </u> | <u>\$</u> | <u>  </u>              |
| <u>  /  /  </u> | <u>\$</u> | <u>  </u>              |
| <u>  /  /  </u> | <u>\$</u> | <u>  </u>              |

► NAME OF SOURCE (Not an Acronym)  
 ADDRESS (Business Address Acceptable)  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE     | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| <u>  /  /  </u> | <u>\$</u> | <u>  </u>              |
| <u>  /  /  </u> | <u>\$</u> | <u>  </u>              |
| <u>  /  /  </u> | <u>\$</u> | <u>  </u>              |

► NAME OF SOURCE (Not an Acronym)  
 ADDRESS (Business Address Acceptable)  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE     | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| <u>  /  /  </u> | <u>\$</u> | <u>  </u>              |
| <u>  /  /  </u> | <u>\$</u> | <u>  </u>              |
| <u>  /  /  </u> | <u>\$</u> | <u>  </u>              |

► NAME OF SOURCE (Not an Acronym)  
 ADDRESS (Business Address Acceptable)  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE     | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| <u>  /  /  </u> | <u>\$</u> | <u>  </u>              |
| <u>  /  /  </u> | <u>\$</u> | <u>  </u>              |
| <u>  /  /  </u> | <u>\$</u> | <u>  </u>              |

► NAME OF SOURCE (Not an Acronym)  
 ADDRESS (Business Address Acceptable)  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE     | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| <u>  /  /  </u> | <u>\$</u> | <u>  </u>              |
| <u>  /  /  </u> | <u>\$</u> | <u>  </u>              |
| <u>  /  /  </u> | <u>\$</u> | <u>  </u>              |

Comments: \_\_\_\_\_  
 \_\_\_\_\_

**SCHEDULE E**  
**Income – Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

|  |
|--|
| <b>CALIFORNIA FORM 700</b><br><b>FAIR POLITICAL PRACTICES COMMISSION</b> |
| Name<br><u>Talamantes, Jess A.</u>                                       |

- You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE (Not an Acronym)  
Chinese People's Assoc. Friendship Forei  
ADDRESS (Business Address Acceptable)  
No.1 Taijichang St.  
CITY AND STATE  
Doncheng Dist., Beijing, China na 10074-0  
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)  
Chinese Government, Gov. Affairs Org.  
DATE(S): 06/16/12 - 06/26/12 AMT: \$ 8000.00  
(If gift)  
TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income  
☒ Made a Speech/Participated in a Panel  
☒ Other - Provide Description Participated in meetings with local, re-  
gional and national officials to discuss city government is  
sue

▶ NAME OF SOURCE (Not an Acronym)  
\_\_\_\_\_  
ADDRESS (Business Address Acceptable)  
\_\_\_\_\_  
CITY AND STATE  
\_\_\_\_\_  
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)  
\_\_\_\_\_  
DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ \_\_\_\_  
(If gift)  
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income  
☐ Made a Speech/Participated in a Panel  
☐ Other - Provide Description \_\_\_\_\_

▶ NAME OF SOURCE (Not an Acronym)  
\_\_\_\_\_  
ADDRESS (Business Address Acceptable)  
\_\_\_\_\_  
CITY AND STATE  
\_\_\_\_\_  
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)  
\_\_\_\_\_  
DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ \_\_\_\_  
(If gift)  
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income  
☐ Made a Speech/Participated in a Panel  
☐ Other - Provide Description \_\_\_\_\_

▶ NAME OF SOURCE (Not an Acronym)  
\_\_\_\_\_  
ADDRESS (Business Address Acceptable)  
\_\_\_\_\_  
CITY AND STATE  
\_\_\_\_\_  
BUSINESS ACTIVITY, IF ANY, OF SOURCE ☐ 501 (c)(3)  
\_\_\_\_\_  
DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$ \_\_\_\_  
(If gift)  
TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income  
☐ Made a Speech/Participated in a Panel  
☐ Other - Provide Description \_\_\_\_\_

Comments: \_\_\_\_\_